

UNITED STATES DISTRICT COURT

for the

Western District of Texas

STATE OF TEXAS

Plaintiff(s)

v.

ALEJANDRO MAYORKAS, in his official capacity as
Secretary of Department of Homeland Security, et al._____
Defendant(s)

Civil Action No. 2:23-CV-0024-AM

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* U.S. Department of Homeland Security
 c/o Ms. Stephanie Rico, Civil Process Clerk
 Office of US Atty WDTX
 601 N.W. Loop 410, Suite 600
 San Antonio, TX 78216-5597

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

AMY S. HILTON, Assistant Attorney General
 Texas Bar No. 24097834
 Office of the Attorney General of Texas, P.O. Box 12548, Capitol Station, Austin,
 Texas 78711-2548
 Amy.Hilton@oag.texas.gov

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT, PHILIP J. DEVLIN

*J. Sanchez*_____
Signature of Clerk or Deputy Clerk

Date: 05/23/2023



Civil Action No. 2:23-CV-0024-AM

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* U.S. Department of Homeland Security
 was received by me on *(date)* 5/23/2023 .

☒ I personally served the summons on the individual at *(place)* c/o Ms. Rico, Civil Process Clerk, Office of the
US Attorney, WD TX, 601 NW Loop 410, Ste 600, San Antonio, TX 78216-5597 on *(date)* 5/26/2023 ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 6/15/2023

/s/ Leif A. Olson

Server's signature

Leif A. Olson, Assistant Attorney General

Printed name and title

P.O. Box 12548
Capitol Station
Austin, TX
78711-2548

Server's address

Additional information regarding attempted service, etc:

On May 24, 2023, I served this summons and Plaintiff's Original Complaint, via certified mail, return receipt requested # 7020 1290 0000 7442 0354, delivered 5/26/2023.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>U.S. Department of Homeland Security c/o Ms. Rico, Civil Process Clerk Office of US Atty WDTX 601 N.W. Loop 410, Suite 600 San Antonio, TX 78216-5597</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed Name) <i>Monica Flores</i></p>	<p>C. Date of Delivery <i>5/26/23</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 4481 8248 2585 94</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>Article Number (Transfer from previous label) 7020 1290 0000 7442 0354</p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

